

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8203	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/08/2011
NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2035 STONEBROOK PLACE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08(1) Building Standards</p> <p>(1) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure the sprinkler system was maintained and operable. The findings include: Record review and interview with the Maintenance Director, on November 7, 2011 at 3:45 p.m. revealed the sprinkler system, consisting of a single dry sprinkler riser, supplied the entire 47,000 sqft building. This has the potential to affect all residents, staff, and visitors in the facility. The resident census was 161 on the day of the survey. Record review and interview with the Maintenance Director, also revealed the facility failed to have a dry system trip test annually. Sprinkler records were reviewed beginning with July 9, 2007. There was one dry system trip test record dated October 10, 2011. Review of the trip test report from October 10, 2011 resulted in a time of 8 min 30 seconds for the dry valve to trip open. This failed to meet the 60-second limit for water to flow from the inspectors test valve connection and indicated the sprinkler system failed to function as design and was impaired (NFPA 25, 11-5) on from October 10, 2011. Interview with the Sprinkler company service technician over the telephone, on November 7, 2011 at 3:30 p.m. confirmed the dry system trip test was unacceptable and this was discussed this with the Maintenance Director. The facility failed to perform any corrective actions as a result of the unsatisfactory test.</p> <p>Based on record review and interview, the facility</p>	N 831	<p>N 831</p> <p>Corrective action(s) accomplished for those residents found to have been affected:</p> <p>All residents had the potential to be affected.</p> <p>On November 7, 2011 the fire watch policy was implemented immediately by the Director of Maintenance.</p> <p>How other residents having the potential to be affected were identified and corrective action(s) accomplished:</p> <p>Beginning on November 7, 2011 the fire watch policy will stay in effect until the new sprinkler system is inspected and the Department allows us to lift the watch.</p> <p>On November 18, 2011 the Assistant City of Kingsport Fire Marshall inspected the new system. Also training was done with the Kingsport Fire Department on the new system.</p> <p>On November 18, 2011 at approximately 1:15 pm per a phone conversation with State Fire Inspector fire watch was lifted for the building.</p> <p>Measures or systematic changes put into place to ensure the deficient practice does not recur:</p> <p>The old sprinkler system has being replaced with a new system.</p> <p>As of November 17, 2011 the new system is fully functional and being monitored.</p>	11/21/2011	

Division of Health Care Facilities

Christopher A. Gaddy
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

Administrator

11/21/11

6890

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If continuation sheet 1 of 2

PRINTED: 11/10/2011
FORM APPROVED

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N 831	<p>Continued From page 1</p> <p>failed to assure the facility's fire watch policy was implemented when the sprinkler system trip test failed to activate in the required 60 seconds and remained inoperable for more than 4 hours. The findings include:</p> <p>Record review and interview with the Maintenance Director, on November 7, 2011 at 3:45 p.m. revealed the dry system trip test report from October 10, 2011 resulted in an unacceptable trip time of 8 min 30 seconds. This failed to meet the 60-second limit for water to flow from the inspectors test valve connection and indicated the sprinkler system failed to function as designed and was inoperable. The facility incorrectly initiated their fire watch policy at 4:55 p.m. on November 7, 2011.</p> <p>Record review of the fire watch policy and interview with the Maintenance Director, on November 8, 2011 at 3:45 p.m. revealed the facility failed to properly follow their firewatch policy. The facility failed to notify the local fire department and State Licensing agency when the sprinkler system was found to be inoperable on October 10, 2011. On November 7, 2011, when the firewatch was originally implemented, the facility failed to inspect the attic area for fire or smoke.</p>	N 831	<p>N 831 cont.</p> <p>Quality Assurance program put into place to monitor corrective actions and ensure the deficient practice will not recur:</p> <p>As of November 17, 2011 the new system will be put on a regular maintenance program to keep it in operation with current regulations. The Maintenance Director or the Maintenance Assistant will report any issues to the Quality Assurance Committee (which consists of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Risk Manager, etc.) on an ongoing basis.</p>		

Division of Health Care Facilities
STATE FORM

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